

**ANNUAL PROGRAM APPROVAL APPLICATION
OFFICE OF CAREER TECHNICAL EDUCATION (OCTE)
DUE IN STATE OFFICE BY MARCH 1, 2006**

<p>SCHOOL DISTRICT NAME _____</p> <p>PROGRAM NAME _____</p> <p>LEVEL OF PROGRAM: HIGH SCHOOL_____ MIDDLE SCHOOL_____</p>	<p style="text-align: center;">PROGRAM STATUS</p> <p style="text-align: center;">____ Continuing</p> <p style="text-align: center;">____ New Program</p>
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CRITERIA FOR PROGRAM APPROVAL

1. Teacher Certification

A. The teacher's name on certificate _____

Social Security Number _____

Teacher's E-Mail Address _____

B. The teacher holds a South Dakota teaching certificate. _____ Yes _____ No

If no, what are the plans for becoming certified?

If yes, expiration date of teacher's certificate: _____

Is the teacher endorsed or certified in the area he/she is currently teaching? _____ Yes _____ No

If no, a professional development plan must be developed and on file in OCTE.

Teacher contract date: From _____ to _____

C. List areas of other career technical (vocational) endorsement(s):

2. Crosswalk Project

- ◆ Course syllabi have been revised based on the most recently approved SD Content Standards in reading, communication arts, mathematics, and science. _____ Yes _____ No _____ In Progress

3. Advisory Committee

- ♦ The program's advisory committee operates with a written work plan and meets a minimum of two times per year.

_____ Yes _____ No

4. Program Improvement Process (PIP) Instruments and/or Annual Progress Reports

- ♦ PIP instrument and Action Plan or Annual PIP Progress Report for the current school year has been submitted. (Annual Progress Report due February 3, 2006)

_____ Yes _____ No Date submitted _____

5. Data Collection

- ♦ The following Perkins III data for the prior school year (2004-2005) has been submitted to OCTE by the date requested.

Spring – Program Completers (secondary, grades 9-12 only) _____ YES _____ NO _____ NA

Spring – Standards and Measures (grades 9-12 only) _____ YES _____ NO _____ NA

Spring – Program Data of total enrollment (gender, race/ethnicity, special populations, grades 7-12) _____ YES _____ NO

STATE USE ONLY

_____ YES _____ NO _____ NA

_____ YES _____ NO _____ NA

_____ YES _____ NO

Please list below the courses that are taught in this program.

Signature of Teacher

Date

Signature of Administrator

Date

Approved by State Director of OCTE

RETURN TO:

**OCTE
700 Governors Drive
Pierre SD 57501-2291**